

CITY OF WESLACO



Application to Request a Birth or Death Certificate

Birth Record \$23.00	# of Copies	Death Record (for Weslaco Deaths Only)	# of Copies
Long Birth Certificate (Available for Weslaco Births Only)	_____	First Copy	\$21.00 _____
Abstract/Remote Certificate (For Texas Births Only)	_____	Additional Copies	\$4.00 each _____
Protective Pouch for Long Birth Certificate \$2.00/each	# _____	Protective Pouch for Death Certificate \$2.00/each	_____

INFORMATION ON THE BIRTH OR DEATH RECORD (Please Print)

Date of Birth or Death: Month _____ Day _____ Year _____ Gender: ☐ Female ☐ Male
City of Birth: _____ Location: ☐ Hospital ☐ Clinic ☐ Midwife/Home Birth

Names on Record:

First Name: _____ Middle Name: _____

Last Name: _____

Father's Full Name: _____

Mother's Full Name (include maiden name): _____

INFORMATION ABOUT THE PERSON APPLYING FOR RECORD

Reason for Purchase (Check One):

- | | |
|---|--|
| <input type="checkbox"/> Texas ID/Texas Driver Lic. | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> School | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Other: _____ | |

Relationship to Registrant (Check One):

- | | |
|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Sister/Brother |
| <input type="checkbox"/> Mother/Father | <input type="checkbox"/> Grandmother/Grandfather |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Guardian/Attorney |
| <input type="checkbox"/> Daughter/Son | |

First Name of Applicant: _____ Last Name of Applicant: _____

Your complete current mailing address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Applicant Signature: _____ Date: _____

NOTE: If mailing, faxing or emailing this application, please attach a photocopy of your current identification or driver's license. I authorize mailing to the name and address below instead of address provided on application. I have verified that the address below will receive my birth or death certificate.

Name of Authorized Person to receive Birth or Death Record: _____

Mailing Address of Authorized Person: _____

WARNINGS: Any birth record that has had 10 certifications issued since the original date of filing shall be considered an abused record. If no record is found a searching fee of \$23.00 (birth) or \$21.00 (death) will be charged. NO CHECKS ACCEPTED.

THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT CAN BE 2-10 YEARS IMPRISONMENT AND A FINE UP TO \$10,000.00. (HEALTH AND SAFETY CODE, §195.003)

Office Use Only Volume: _____ Page: _____ Cert No: _____ Certificate Issued By: _____

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